SELF COMPASSION AND MENTAL HEALTH: A STUDY ON YOUNG ADULTS

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ABSTRACT

This preliminary study examined the relationship between self-compassion and mental health in university going 80 adult students (30) female and (50) male. The self-report measures of self compassion and mental health were administered among the participants for data. Pearson's product method and t-test were used to find the results. The result indicates that students' ability to kindly accept oneself while suffering is significantly associated with mental health. The research findings, conclusion and future suggestions are discussed.

KEYWORDS: Self-Compassion, Life Satisfaction, Anxiety, Depression

INTRODUCTION

The construct of self-compassion, recently defined and operationalized by Neff, offers an alternative approach to cogitating psychological salubrity. Self-compassion involves being touched by and open to one's own suffering, engendering the desire to alleviate one's suffering and to rejuvenate oneself with altruism. It additionally involves offering nonjudgmental understanding to one's pain, inadequacies and failures, so that one's experience is optically discerned as a component of the more immensely colossal human experience (Neff, 2003). Self compassion prognosticated emotional and cognitive reactions to negative events in everyday life, buffered people against negative self-feelings when imagining distressing convivial events, mitigates negative emotions after receiving ambivalent feedback (particularly for participants who were low in self-esteem). Finally, self-compassion leads people to acknowledge their role in negative events without feeling inundated with negative emotions (Leary, Tate, Adams, Allen, & Hancock, 2007).

Self-compassion is composed of three components: self- kindness (i.e., treating oneself gently in the midst of suffering), common humanity (i.e., the ability to recognize that suffering and failures are shared with others), and mindfulness (i.e., the ability to observe and describe one's thoughts without becoming overly engaged in them). A number of studies have shown that self- compassion positively correlates with markers of psychological well-being, including optimism, happiness (Neff, Rude, & Kirk- patrick, 2007), social connectedness, emotional intelligence, and self-acceptance (Neff, 2003b). Accordingly, self-compassion has been shown to correlate negatively with self-criticism, depression, anxiety (Neff, 2003a), neurotic perfectionism, and negative affect (Neff, et al., 2007).

Mental Health

Mental health involves something more than mental behaviour. It involves physical, emotional and social phases of adjustive behaviour. Mental Health is the ability of the individual to make personal and social adjustment, to face problems and make choices, to find satisfaction, success and happiness in the accomplishment of everyday tasks, to work effectively and to live affectively with others to demonstrate socially considerate behavior and to contribute to the

betterment of society (Menninger 1945).

Mental health is defined as the successful performance of mental function, which results in productive activities, fulfilling relationships with other people, and the capacity to adjust to changes and cope with difficulties and hardships. From early childhood until late life, mental health is considered the spring board of thinking and communication skills, learning, emotional growth, resilience for recovering quick and self esteem. A person's mental health is subject to any variety of changes in life, either from genetic causes, to environmental stressors, or physical changes that may occur during their life time (Holmes, 2006).

Freud (1926), defined Mental Health in his pragmatic statement "Where id was, there shall ego be". He feels that in order to have mental health a person has to be able to love and work. Man's feelings come from the interaction of four major forces namely, Love and hate; the conscience; the need to master; and the environment.

Self Compassion and Mental Health

Although new, the construct of self-compassion shows great promise and demonstrates positive associations with current markers of psychological well-being. Plethora of studies have demonstrated that self-compassion is negatively associated with self-criticism, depression, anxiety, rumination, thought suppression (Neff, 2003), performance-approach/avoidance goals, submissive behavior, learning-approach and goals psychological well-being (Akın, 2008, 2009) and positively with social relationship, emotional intelligence, self-determination (Neff, 2003), control beliefs for learning, self-efficacy (Iskender, 2009), and academic success (Conway, 2007). Also, self-compassion has been shown to be positively related to social identity strength and unrelated to race-based rejection sensitivity (Williams, 2005).

Neff, Hsieh, and Dejitterat (2005) replicated the correlation between the self compassion and anxiety and found that the relationship remained significant even after controlling for fear of failure, perceived competence, and other variables.

In a survey of undergraduates, Raes (2010) replicated correlations between the self compassion and depression and anxiety and found a significant negative correlation. Deniz, Kesici, and Sümer (2008) found significant correlations between the self compassion and positive affect, negative affect, and satisfaction with life.

Related to these findings on satisfaction with life, Neff, Rude, and Kirkpatrick (2007) surveyed undergraduate students and found significant positive correlations between the self compassion and self-reported happiness, optimism, positive affect, reflective wisdom (which consists of perspective-taking, self-awareness, and self-insight; Ardelt, 2003), affective wisdom (which consists of sympathy, compassion, and decreased self-centeredness; Ardelt, 2003), personal initiative, curiosity and exploration, agreeableness, extroversion, and conscientiousness.

Neff and McGehee (2010) replicated previous findings of correlations between the self compassion and depression and anxiety in young adults and adolescents. Upon combining these samples, the authors also found self-compassion to be a significant partial mediator of the relationship between each of several family and cognitive factors and well-being (a composite of depression, anxiety, and social connectedness). These family and cognitive factors included maternal support, family functioning, secure, preoccupied, fearful, and dismissive attachment, and personal fable (the belief that one's experiences are unique and that others could never understand them). Hancock (2007) found that higher self compassion scores predicted the following responses to negative everyday events: fewer negative, pessimistic, and

self-critical thoughts, lower anxiety, sadness, and self-consciousness, and higher perception of handling the situation well.

In sum, simple correlations show that self-compassion is cognate to many consequential variables, including psychological symptoms (e.g., apprehensiveness, worry, melancholy, negative affect), symptom-related variables (e.g., rumination, coping styles, neurotic perfectionism), salubrity (e.g., ecstasy, optimism, life satisfaction, positive affect), and personality variables (e.g., neuroticism, extraversion). Regression analyses show that self-compassion makes a unique contribution to many of these variables and often emerges as a more important soothsayer of these variables than other predictors (e.g., gregarious support, stressful life events, goal disengagement/reengagement, and mindfulness). These findings corroborate the central paramountcy of self-compassion (and deficits therein) in the development, maintenance, and treatment of many psychological quandaries. Keeping in view the both theoretical and empirical aspects of self compassion, the present study will explore self compassion in relation with mental health of young adults.

OBJECTIVES OF THE STUDY

- To study the nature of relationship of self compassion and mental health of adults.

- To study the difference in self compassion and mental health of adults on the basis of their gender.

HYPOTHESIS

- H_1 Self compassion has significant relationship with mental health dimensions.

- Ho_2 There will be no difference in self compassion and mental health dimensions of adults on the basis of their gender.

METHODOLOGY

Participants

Participants were 80 university students (30) female and (50) male who were enrolled in Kashmir University. Their ages ranged from 22 to 25 years and the mean age of the participants was 21.9 years.

Instrument

The measurement tools used were Self Compassion Scale (Neff, 2003), and Mental Health Inventory (Davies, Sherbourne, Peterson & Ware, 1988).

Procedure

These two measures were in printed form and were administered on each participant selected purposively from various departments of the University by assuring them that information provided by them will be kept strictly confidential and is meant for research purpose only.

Statistical Techniques Used

The responses collected from the respondents were subjected to various statistical measures by using Statistical Product and Service Solutions version 16.0 (SPSS 16.0). The main statistical techniques used for analyzing data were: Descriptive statistics (frequency distribution, range & percentage) and inferential statistics (correlation & t-test).

RESULTS

Table 1: Correlation of Self Compassion and Mental Health Dimensions of Adults

Variable	Mental Health (Dimensions)	Correlation Coefficient (r)
	Anxiety	-.48* (p≤.001)
	Depression	-.42* (p≤.001)
	Loss of Behavioral & emotional control	-.31* (p≤.001)
Self Compassion	General Positive Affect	.54* (p≤.027)
	Emotional Ties	.39* (p≤.001)
	Life Satisfaction	.32* (p≤.001)

Table 1 shows a significant negative correlation between self compassion and three of the six dimensions of mental health i.e., [*Anxiety* (**-.48***), *Depression* (**-.42***) & *Loss of Behavioral and Emotional Control* (**-.31***)]; while a significant positive correlation is depicted between self compassion and other three dimensions of mental health i.e., [*General positive affect* (**.54***), *Emotional ties* (**.39***) & *Life satisfaction* (**.32***)]. All these correlation values are highly significant beyond *(p≤01)* level of significance.

Thus our hypothesis H$_1$ which states that, "*Self compassion has significant relationship with mental health*" stands accepted.

Table 2: Comparison of Mean Scores of Dimensions of Mental Health Dimensions Wise & Self Compassion of Adults with Respect to Their Gender (N=80)

Dimensions of Mental Health	Group	N	M	SD	df	(t)
Anxiety	Female	30	45.90	5.37	78	**2.73***(p=.001)
	Male	50	41.02	8.82		
Depression	Female	30	20.10	4.13	78	**2.61***(p=.001)
	Female	50	17.88	2.73		
Loss of Behavioral & Emotional Control	Female	30	42.53	6.79	78	**2.03*** (p=.250)
	Male	50	38.96	8.05		
General Positive Affect	Female	30	34.20	10.32	78	**1.60^{NS}** (p=.774)
	Male	50	38.00	10.19		
Emotional Ties	Female	30	5.13	2.89	78	**1.67^{NS}** (p=.054)
	Male	50	6.10	2.23		
Life Satisfaction	Female	30	1.50	.68	78	**2.43*** (p=.019)
	Male	50	2.02	1.03		
Self Compassion	Female	30	47.23	4.21	78	**3.14*** (p=.231)
	Male	50	41.29	3.26		

.   Table 2 shows a significant gender difference in t-values of four of the six dimensions of mental health namely, *Anxiety* (**t=2.73); Depression (2.61);** *Loss of behavioral and emotional control* (**t=2.03);** and *Life Satisfaction* (**t=2.43)** at

(p≤.05) level of significance which indicates that male and female adults differ significantly in terms Anxiety, Depression, *loss of behavioral and emotional control and Life Satisfaction.* However, the t-values of other two dimensions namely, *General Positive Affect* **(t=1.60***)* and *Emotional Ties* **(t=1.67)** are insignificant at (p≤.05) level of significance which indicates that male and female adults does not differ significantly in terms *General Positive Affect* and *Emotional Ties.* The table further shows a significant gender difference in t-values of self compassion **(t=3.14)** which indicates that male and females adults differ significantly in self compassion. Thus the hypothesis Ho$_2$ which states that, *"There will be no difference in mental health dimensions & Self Compassion of adults as far as their gender is concerned"* stands rejected.

DISCUSSIONS

The aim of this study was to investigate the relationships between self-compassion and mental health. Findings have demonstrated that there are significant relationships between dimensions of self-compassion and mental health. Higher self compassion resulted in lower anxiety, depression and loss of behavioral & emotional control. These results are in line with previous studies (Neff, 2003), (Williams, 2005); Deniz, Kesici, and Sümer (2008); (Akın, 2008, 2009); (Iskender, 2009) and Raes (2010) that higher self compassion results in lower depression, anxiety, psychological well being, emotional control, academic success. The results further showed that higher self compassion results in higher general positive affect, emotional and life satisfaction. Similar results were confirmed by Ardelt, (2003); Neff, Rude, and Kirkpatrick (2007); and Deniz, Kesici, and Sümer (2008). The results further revealed that females scored higher in self compassion as compared to their male counterparts. There are no such studies that have comprehensively studied gender difference in self compassion except the study of Iskender (2009) which showed no gender difference in self compassion.

CONCLUSIONS

This study demonstrates that self-compassion is associated with different dimensions of mental health. This research suggests that the inspiritment of self-compassion could be highly propitious for reducing anxiety, depression and loss of behavioral and emotional control. Additionally, emboldening the development of self-compassion should be useful for individuals by availing them to contravene destructive self-critical tendencies, apperceive their interconnection with others, and deal with their emotions with more preponderant pellucidity and equanimity (Neff, 2003a). Nonetheless it is paramount to note that research on self-compassion is still in its nascent phases and more research will require to be done afore any policy implicative insinuations can be drawn. Also there are enough positive be speakers from self-compassion studies to suggest that more research on self-compassion would be a worthwhile (Neff, Hsieh, & Dejitterat, 2005).

Consequently, this research shows that self-compassion has a direct impact on the anxiety, depression, loss of behavioral and emotional control, general positive affect, emotional ties and life satisfaction. Thus, the current findings increase our analysis of the relationships between self-compassion and mental health. Future studies should examine the relationships between self-compassion and mental health with structural equation modeling, establishing a mediating or latent variable.

REFERENCES

1. Akın, A. (2008). Self-compassion and achievement goals: A structural equation modeling approach. *Eurasian Journal of Educational Research, 31, 1–15.*

2. Akın, A. (2009). Self-compassion and submissive behavior. *Education and Science, 34(152), 138–147.*

3. Ardelt, M. (2003). Empirical assessment of a Three-Dimensional Wisdom Scale. *Research on* Conway, D. G. (2007). The role of internal resources in academic achievement: Exploring the meaning of self-compassion in the adaptive functioning of low-income college students. Unpublished doctoral dissertation, University of Pittsburgh, PA, USA. coping with academic failure. *Self and Identity, 4, 263-287.*

4. Davies, A. R., Sherbourne, C. D., Peterson, J. R., & Ware. J. E. (1988). *Scoring manual: Adult health status and patient satisfaction measures* used in RAND'S Health Insurance Experiment. Santa Monica, CA: RAND Corporation.

5. Deniz, M. E., Kesici, Ş., & Sümer, A. S. (2008). The validity and reliability of the Turkish version of the Self-Compassion Scale. *Social Behavior and Personality, 36, 1151-1160.*

6. Freud Anna the Ego and the Mechanisms of Defence. Hogarth Press 1966.

7. Hancock (2007). Compassion: Bridging Practice and Science. Hogarth Press 1966.

8. Iskender, M. (2009). The relationship between self-compassion, self-efficacy, and control belief about learning in Turkish university students. *Social Behavior and Personality, 37(5), 711–720.*

9. Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self- compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology, 92, 887–904.*

10. Neff, K. (2003). Self-compassion: An Alternative Conceptualization of a Healthy Attitude toward Oneself. *Psychology Press. 2, 85-101.*

11. Neff, K. D. & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity, 9, 225-240.*

12. Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2, 85–102.*

13. Neff, K. D., Hsieh, Y.-P., & Dejitterat, K. (2005). Self-compassion, achievement goals, and

14. Neff, K. D., Rude, S. S., & Kirkpatrick, K. (2007). An examination of self compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality, 41, 139–154.*

15. Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy. 18, 250-255.*

16. Raes, P. (2010). Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety. *Personality and Individual Differences, 48,757–761.*

17. Williams, J. G. (2005). Forewarning: A tool to disrupt stereotype threat effects. Unpublished doctoral dissertation, University of Texas at Austin, TX, USA.